

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005785 (0)

1. Corporation Name

INSTITUTE OF WHOLISTIC SCIENCE, INC.



Principal Place of Business

Mailing Address

**17030 1ST ST E
SUITE 212
N REDINGTON BEACH FL 33708**

**17030 1ST ST E
SUITE 212
N REDINGTON BEACH FL 33708**

3. Date Incorporated or Qualified
11/23/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-3280846

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER
343 ALMERIA AVE
CORAL GABLES FL 33134**

81 Name **SAMANTHA MAGI**
82 Street Address (P.O. Box Number is Not Acceptable)
17030 1ST EAST (212)
83 **N. REDINGTON BEACH**
84 City **FL** **85** Zip Code **33708**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Samantha Magi President

4-26-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **ELLIOT, MAGI**
STREET ADDRESS **17030 1ST ST E SUITE 212**
CITY-ST-ZIP **N REDINGTON BEACH FL 33708**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **MAGI, SAMANTHA**
1.3 STREET ADDRESS **17030 1ST EAST (212)**
1.4 CITY-ST-ZIP **N. REDINGTON Bch, FL 33708**

TITLE **D** ☐ DELETE
NAME **MAEL, SAMANTHA**
STREET ADDRESS **17030 1ST E SUITE 212**
CITY-ST-ZIP **N REDINGTON FL**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **SAMANTHA MAGI**
2.3 STREET ADDRESS **17030 1ST EAST (212)**
2.4 CITY-ST-ZIP **N. REDINGTON Bch, FL 33708**

TITLE **D** ☐ DELETE
NAME **HAGAN, RICHARD**
STREET ADDRESS **1 WIND RUSH BLVD**
CITY-ST-ZIP **I ROCKS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SAPP, TIM**
STREET ADDRESS **4203 W ATLANTIC BLVD**
CITY-ST-ZIP **COCONUT CREEK FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Samantha Magi President **4-26-96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)